

Form A1	Application for Amendment in the Registration Certificate Under The Tamil Nadu VAT Act, 2006 <i>See Rule 5(4) (b), 5(8)</i>
<i>If you have any query regarding any of the questions consult the nearest Assessment Circles.</i>	

Section A – Nature of Amendment Applied for

Tick Relevant Box	Nature of Amendment	Section to be filled in	Document Required
<input type="checkbox"/>	Change in Name of Dealer	B	
<input type="checkbox"/>	Change in Principal Place of Business	C	
<input type="checkbox"/>	Addition or Removal of Additional Place of Business within the State of TN	D	
<input type="checkbox"/>	Change in Details of Corporate / Registered Office outside the State of TN	E	
<input type="checkbox"/>	Change in Nature of Business	F	
<input type="checkbox"/>	Change in Commodity Details	G	
<input type="checkbox"/>	Change in details of outgoing & incoming partners / directors / Karta / Trustees / Members of the governing body/ authorized signatory within the same Constitution	H	
<input type="checkbox"/>	Change in Immovable Property of Dealer	I	
<input type="checkbox"/>	Change in Bank Account Details of Dealer	J	
<input type="checkbox"/>	Change in Business Manager / Authorized Signatory Details	K	

Section B – Change in Name of Dealer

1) Existing - Legal Name of Business / Dealer / Proprietor	
2) New - Legal Name of Business / Dealer / Proprietor	
3) Effective Date of Change	
4) Existing - Trade Name of Dealer	
5) New - Trade Name of Dealer	
6) Effective Date of Change	

Section C – Change in Principal Place of Business

1) New - Principal Place of Business Address of Dealer applying for Amendment			
a) Door / Plot No Old	b) Door / Plot No New	c) Building Name	
d) Shop / office Number	e) Street / Road	f) Village / Town / City	
g) District	h) PIN	j) Property Tax No.	k) Electricity Board Connection No.
k) Census Code Number		i) Ownership Details <input type="checkbox"/> Owned <input type="checkbox"/> Rented	

2) Communication Details	a) Landline Number	b) Mobile Number	c) E Mail Address
	d) Website, if any		e) FAX Number
3) Effective Date of Change			
4) Circle			
5) Zone			
6) Division			

Section D – Addition or Removal of Additional Place of Business within the State of TN

1)	<input type="checkbox"/> Addition in Additional Place of Business	<input type="checkbox"/> Removal of Additional Place of Business			
2)	<input type="checkbox"/> Branch	<input type="checkbox"/> Godown	<input type="checkbox"/> Factory	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Sales Depot
3) Address of New Additional Place or Additional Place of Business to be removed					
Name of Additional Place of Business					
a) Door / Plot No Old		b) Door / Plot No New		c) Building Name	
d) Shop / office Number		e) Street / Road		f) Village / Town / City	
g) District		h) PIN		j) Property Tax No.	
k) Census Code Number		i) Ownership Details		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
Circle		Zone		Division	
4) Effective Date of Addition / Closure					

(Note: IF there are multiple offices then please attach separate Sheet)

Section E – Change in Details of Corporate / Registered Office outside the State of TN

1) Address of Corporate / Registered Office outside the State of TN					
Name of Head Office					
a) Plot No		c) Building Name			
d) Shop / office Number		e) Street / Road		f) Village / Town / City	
g) District		h) PIN		j) State	
k) TIN		k) Phone Number			
2) Effective Date of Change					

Section F – Change in Nature of Business

1)	<input type="checkbox"/> Addition in Nature of Business	<input type="checkbox"/> Removal of Nature of Business			
2) Nature of Business to be Amended either by addition or removal					
<input type="checkbox"/>	1) Manufacturer	<input type="checkbox"/>	2) Whole Seller	<input type="checkbox"/>	3) Retailer

<input type="checkbox"/>	4) Exporter	<input type="checkbox"/>	5) Importer	<input type="checkbox"/>	6) Works Contract (for works contract Composition)
<input type="checkbox"/>	7) Hire Purchaser	<input type="checkbox"/>	8) Leasing	<input type="checkbox"/>	9) Star Hotel (Special Rates)
<input type="checkbox"/>	10) Food and Drinks (for bakery Composition)	<input type="checkbox"/>	11) Hospitals	<input type="checkbox"/>	12) Banks
<input type="checkbox"/>	13) Mining	<input type="checkbox"/>	14) Tele Communication	<input type="checkbox"/>	15) Power Generation
<input type="checkbox"/>	16) Agent				
3) Effective Date of Change					

Section G – Change in Commodity Details

2) Commodities to be added to or to be removed					
Purpose of Commodity	Commodity Description	Commodity Code	Nature of Change		Effective Date of Change
			<input type="checkbox"/> Add	<input type="checkbox"/> Delete	
a) Commodities for the purpose of Local Purchase / Inter State / Import Commodities by Manufacturer			<input type="checkbox"/> Add	<input type="checkbox"/> Delete	
b) Commodities for the purpose of Local Sale / Inter State Transactions or Export by Manufacturer			<input type="checkbox"/> Add	<input type="checkbox"/> Delete	
c) Commodities for the purpose of Local Sale / Inter State Transactions or Export by other than Manufacturer			<input type="checkbox"/> Add	<input type="checkbox"/> Delete	

(Note: IF there are multiple Commodities then please attach separate Sheet)

Section H – Change in details of outgoing & incoming partners / directors / Karta / Trustees / Members of the governing body/ authorized signatory

1) Type of Change	<input type="checkbox"/> Incoming	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Change in Existing Details
2) Name of Person (As per PAN)	First Name	Middle Name	Surname
3) Father's Name	First Name	Middle Name	Surname
4) Date of Birth			
5) Other Registration Details of Person	Voter ID	Adhar Card Number	
Passport Number	Ration Card No	PAN	
6) Bank Account Details	Bank Name	Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current Account <input type="checkbox"/> Joint Account	
	Bank Branch Name	Account Number	
7) Status	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Director
<input type="checkbox"/> Karta of HUF	<input type="checkbox"/> Member of HUF	<input type="checkbox"/> Trustee	<input type="checkbox"/> Member

<input type="checkbox"/> Head of Departments (Govt. Department)	<input type="checkbox"/> Head of Office (Local Bodies)	<input type="checkbox"/> Guardian,(In case of Minor)								
8) Extent of Share in Business, in case of Partnership (in Percentage)										
9) Present Residential Address										
a) Door / Plot No Old	b) Door / Plot No New	c) Building Name								
d) Flat/Apartment Number	e) Street / Road	f) Village / Town / City								
g) District	h) State	i) PIN								
j) Property Tax No.		k) Electricity Board Connection No.								
l) Census Code Number		m) Ownership Details <input type="checkbox"/> Owned <input type="checkbox"/> Rented								
10) Permanent Residential Address										
a) Door / Plot No Old	b) Door / Plot No New	c) Building Name								
d) Flat/Apartment Number	e) Street / Road	f) Village / Town / City								
g) District	h) State	i) PIN								
j) Property Tax No.		k) Electricity Board Connection No.								
l) Census Code Number		m) Ownership Details <input type="checkbox"/> Owned <input type="checkbox"/> Rented								
11) Communication Details	a) Landline Number	b) Mobile Number								
	c) E Mail Address									
	d) Website, if any	e) FAX Number								
12) Details of Immovable Property of Person										
Sr. No	Description	Location	Survey No.	Area	Registration No.	Registration Year	Jurisdiction	Market Value	Share in %	Assessment No.
13) Effective Date of Change										

(Note: IF there are multiple entries then please attach separate Sheet)

Section I – Change in Immovable Property of Dealer

Sr. No	Type of Change		Description	Location	Survey No.	Area	Registration No.	Registration Year	Jurisdiction	Market Value	Share in %	Assessment No.
	<input type="checkbox"/> Add	<input type="checkbox"/> Delete										
	<input type="checkbox"/> Add	<input type="checkbox"/> Delete										
	<input type="checkbox"/> Add	<input type="checkbox"/> Delete										

Section J – Change in Bank Account Details of Dealer

Sr. No	Name of Bank	Bank Branch	Account Type Saving / Current	Account Number	IFSC Code	MICR Code	Type of Change	
							<input type="checkbox"/> Add	<input type="checkbox"/> Delete

Section K – Change in details of Business Manager / Authorized Signatory

1) Type of Change	<input type="checkbox"/> Incoming	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Change in Existing Details	
2) Name of Person (As per PAN)	First Name	Middle Name	Surname	
3) Father's Name	First Name	Middle Name	Surname	
4) Date of Birth				
5) Other Registration Details of Person	Voter ID		Adhar Card Number	
	Passport Number	Ration Card No	PAN	
6) Designation				
7) Present Residential Address				
a) Door / Plot No Old	b) Door / Plot No New	c) Building Name		
d) Flat / Apartment Number	e) Street / Road		f) Village / Town / City	
g) District	h) State	i) PIN	j) Property Tax No.	k) Electricity Board Connection No.
k) Census Code Number		i) Ownership Details <input type="checkbox"/> Owned <input type="checkbox"/> Rented		
8) Permanent Residential Address				
a) Door / Plot No Old	b) Door / Plot No New	c) Building Name		
d) Flat / Apartment Number	e) Street / Road		f) Village / Town / City	
g) District	h) State	i) PIN	j) Property Tax No.	k) Electricity Board Connection No.
k) Census Code Number		i) Ownership Details <input type="checkbox"/> Owned <input type="checkbox"/> Rented		
9) Communication Details	a) Landline Number	b) Mobile Number	c) E Mail Address	
	d) Website, if any			e) FAX Number

Section L – Declaration and Certification

I declare that the particulars furnished in the application above are true, correct and complete to the best of my knowledge and belief.	
Name	Signature
Date (Day/Month/Year) D D / M M / Y Y Y Y	

	Received By	Authorized By
Office		
Name		
Signature		
Date		